

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

Southern ~~United States~~ DISTRICT OF NEW YORK

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Luis Jaime ~~XXXXXXXXXX~~

Full name of plaintiff/prisoner ID#

Plaintiff,

JURY TRIAL DEMAND

YES ☒ NO ☐

-against- Wende C.F.
New York State Department
of Corrections Community
Supervision, N.P. Oberman ~~XXXXXXXXXX~~

Enter full names of defendants

[Make sure those listed above are
identical to those listed in Part III.]

~~XXXXXXXXXX~~ Ramirez

Defendants.

-----X

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (☒)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs:

N/A

Defendants:

N/A

2. Court (if federal court, name the district;
if state court, name the county)

N/A

3. Docket Number:

N/A

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4. Name of the Judge to whom case was assigned: N/A

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) N/A

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

II. Place of Present Confinement: Wende Correctional Facility

A. Is there a prisoner grievance procedure in this institution? Yes (☒) No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes (☒) No ()

C. If your answer is YES,

1. What steps did you take? Grievance, and filled notice of intentions to sue.

2. What was the result? Got a response back and grievance was granted to an extent.

D. If your answer is NO, explain why not N/A

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (☒) No ()

F. If your answer is YES,

1. What steps did you take? I told them that nurse practitioner Oberstein is being deliberate indifferent to my injuries.

2. What was the result? NO Assistance, and to no avail.

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Luis Jaime

Address 3040 Wendle Road, Alden, NY 14004

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

N.P. Obertean
3040 Wendle Road, Alden,
NY 14004

Defendant No. 2

Defendant No. 3

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

On ~~March~~ April 10th 2024 I Arrived to Wende C.F. RMV
I Spoke to nurse practitioner oberlean and told her I recieved
injuries at Sullivan Correctional Facility due to Unnessary
use of force. I told her my injuries were substantial
pain to my Right ankle, I told her that my right
ankle was swollen and Soar. I also told her that
I am also feeling substantial pain to upper body and
Upper, lower back added with substantial pain to my
Whole Right leg. On May 3 2024 N.P. oberlean ~~st~~ scheduled
me to recieve and m.R.I. Doctors performing the m.R.I. stated
the N.P. Oberlean and doctors in Wende C.F. only recomended
knee up m.R.I. not Knee down, were I originally complained
to N.P., N.P. is committing dellerberate indifference, neglect and
possible malpractice, and Cruel and Unusual punishment.

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I am claiming serious injuries to my right Ankle at the
moment my ankle is still soar and has substantial
pain and it is still Currently Swollen. Have not recieved
proper treatment for my right ankle, I keep insisting
to N.P. Oberlean that the pain medicine she is prescribing
me is not helping and She refuses to schedule and m.R.I.
for my right ankle. Nurse practitioner is
"Halfway treating" my injuries, and leaving still to
not walk, I haven't been able to walk for 8 weeks now.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

I am Requesting \$500 million dollars, for damages, Injunction Relif, Punitive damages, Past and Suffering, Deliberate indifference, medical negligence, Cruel and Unusual punishment, mental Anguish, Emotional stress, Continues treatment.

I declare under penalty of perjury that on 5-4-24, I delivered this
(Date) Southern
complaint to prison authorities to be mailed to the United States District Court for the ~~Eastern~~
District of New York.

Signed this 4 day of may, 2024. I declare under penalty of
perjury that the foregoing is true and correct.

Luis Jaime

Signature of Plaintiff

Wende Correctional Facility

Name of Prison Facility

3040 Wende Road

Alden, NY 14004

Address

2264805

Prisoner ID#

